San Luis Obispo County Drug and Alcohol Advisory Board
Co-Occurring Disorders Position Statement
May 2008

Problem Statement

The term "co-occurring disorder" refers to the mutual existence of a substance abuse and mental disorder. This diagnosis is given when at least one disorder of each type can be established independent of the other.

The following research by the U.S. Department of Health and Human Services highlights the national prevalence of co-occurring disorders[1]:

- Co-occurring disorders are common in the general adult population (4.7% of all Americans), although the majority individuals with COD go untreated.
- Studies in substance abuse settings have found that from 50 to 75 percent of clients had some type of mental disorder.
- Rates of mental disorders increase as the number of substance use disorders increases, further complicating treatment
- People with co-occurring disorders are more likely to be hospitalized than those with mental or substance abuse disorders alone (20 times more likely than for substance abuse-only clients and five times the rate for mental-disorder-only clients).

However, despite the increasingly effective and valiant efforts of organizations and community advocacy groups, individuals with co-occurring disorders have historically been underserved. According to one published study[2], the underlying reasons have included:

1. Bureaucracies are divided according to individual categories of disorders with segregated admissions criteria, treatment programs, services and reimbursement;
2. Providers are educated and trained to deliver services for single, discrete disorders only; and,
3. Treatment approaches across these disorders are incompatible and differ in method and philosophy.

These findings have tremendous implications for residents of San Luis Obispo County. Individuals with a co-occurring disorder are more likely to suffer functional impairments than the general population. Not being able to access effective, quality treatment can ultimately lead to a reduction in productivity (at work or school), impacting self-sufficiency. Even when treatment options exist, stigma regarding both substance abuse and mental health treatment also acts as a significant barrier[3]. It is with these considerations in mind that the following position statement is being presented.

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[1] "Substance Abuse Treatment for Persons With Co-Occurring Disorders", 2005, SAMHSA, pgs. 4-6
[2] Sciacca and Thompson. (1996). "Program Development and Integrated Treatment Across Systems for Dual Diagnosis: Mental Illness, Drug Addiction And Alcoholism,", *Journal of Mental Health Administration*, Vol.23, No.3, pgs. 288-297.
[3] "Substance Abuse Treatment for Persons With Co-Occurring Disorders", 2005, SAMHSA, pgs. 40

Treatment Approaches

Various treatment approaches have been attempted to effectively serve those with a co-occurring disorder. These include "serial treatment" (in which each disorder is treated sequentially and independent of the other), "concurrent/parallel treatment" (in which two treatment approaches are provided separately, but at the same time) and "integrated treatment". Integrated treatment approaches are deemed to have the most benefits for clients whose mental disorder interferes with treatment of their substance use disorder.

Integrated treatment is also consistent with the views espoused by Dr. Kenneth Minkoff, M.D., one of the most outspoken contemporary proponents of co-occurring disorder treatment. Dr. Minkoff's "Eight Practice Standards" are as follows; (1) "welcoming expectation" (expecting comorbidity and engaging clients in an empathetic, welcoming manner), (2) "access to assessment" (clients should not have to self-define as having a mental health or substance use disorder prior to assessment), (3) "access to continuing relationships" (maintain hopeful, continuous treatment relationships, even if the client doesn't follow treatment recommendations), (4) "balancing case management and care" (interjecting expectation, empowerment and empathetic confrontation), (5) "integrated dual primary treatment" (each disorder receives appropriate treatment, regardless of the status of the comorbid condition), (6) "stage-wise treatment" (includes the stages "acute stabilization", "motivational enhancement", "active treatment", "relapse prevention" and rehabilitation and recovery"), (7) "early access to rehabilitation" (including housing, jobs, socialization and meaningful activity) and (8) "coordination and collaboration" (all treaters, family caregivers and external systems should collaborate).

The integrated treatment approach espoused by Minkoff is supported by other organizations advocating on behalf of clients with co-occurring disorders as well. Namely, the Center for Substance Abuse Treatment's (CSAT) "no wrong door" policy recommends that an individual with a co-occurring disorder be identified, assessed and receive treatment, either directly or through appropriate referral, regardless of *where* he or she enters the realm of services. This approach has five major implications for service delivery:

- Assessment, referral, and treatment planning for all settings must be consistent with a "no wrong door" policy.
- Creative outreach strategies may be needed to encourage some people to engage in treatment.
- Programs and staff may need to change expectations and program requirements to engage reluctant and "unmotivated" clients.
- Treatment plans should be based on clients' needs and should respond to changes as they progress through stages of treatment
- The overall system of care needs to be seamless, providing continuity of care across service systems. This can only be achieved through an established pattern of interagency cooperation or a clear willingness to attain that cooperation.

Integrated treatment is also consistent with the co-occurring disorder service models espoused by other researchers (Drake et al. 1998b, p. 591). Drake's "Vision of Fully Integrated Treatment for COD" recommends that:

- The client participates in one program that provides treatment for both disorders
- The client's mental and substance use disorders are treated by the same clinicians
- The clinicians offer substance abuse treatments tailored for clients who have severe mental disorders

Integrated Treatment Prognosis

A number of studies have indicated the effectiveness of integrated treatment approaches. One study found that individuals treated in programs that provided specific dual diagnosis services subsequently had higher rates of utilizing mental health services over six months and, in turn, showed significantly greater improvements in psychological functioning at follow-up. More use of psychological services was also associated with less heroin use at follow-up. [4] Other studies have indicated "excellent outcomes" associated with integrated treatment.[5] Additionally, research has indicated the integrated treatment approaches involving concurrent case management resulted in positive outcomes for clients.[6]

Individuals with successfully treated co-occurring disorders can, and do, go on to lead happy and productive lives. With public advocacy (through groups such as NAMI) and legislative efforts (California's Proposition 63: The Mental Health Services Act), individuals with co-occurring disorders are increasingly able to access information and support services congruent with their treatment. By continuing to emphasize the positive prognosis for individuals diagnosed with a co-occurring disorder, the resulting stigma will be minimized.

Recommendation Summary

In evaluating the prevalence and impact of co-occurring disorders on residents of our county, the San Luis Obispo Drug and Alcohol Advisory Board (DAAB) advocates for an integrated treatment approach.

The DAAB commends the recent efforts of the San Luis Obispo County Mental Health and County Drug and Alcohol Services departments in moving towards providing integrated treatment with the limited resources that are available. The recent restructuring of both departments under the public health agency entitled "San Luis Obispo Behavioral Services" provided a symbolic representation of this cooperative, integrated endeavor.

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[4] Grella and Stein. (2006). "Impact of Program Services on Treatment Outcomes of Patients with Comorbid Mental and Substance Use Disorders", *American Psychiatric Association*.

[5] Barrowclough, C., Haddock, G., Tarrier, N., Lewis, S., Moring, J., O'Brien, R., Schofield, N., & McGovern, J. (2001). Randomized controlled trial of motivational interviewing, cognitive behavior therapy, and family intervention for patients with comorbid schizophrenia and substance use disorders. *American Journal of Psychiatry*, 158, 1706-1713.

[6] Drake, R. E., McHugo, G. J., Clark, R. E., Teague, G. B., Xie, H., Miles, K., & Ackerson, T. H. (1998). Assertive community treatment for patients with co-occurring severe mental illness and substance use disorder: A clinical trial. *American Journal of Orthopsychiatry*, 68, 201-215.

These undertakings are also consistent with research that has recommends that both mental health and substance abuse services systems combine their resources for the benefit of co-occurring disorder clients.[7]

However, there is also a very real concern that such integration of county services is often accompanied by funding reductions. Additionally, it has been estimated that anticipated funding cutbacks beginning in Fiscal Year 2008/2009 might negatively impact the progress made in providing co-occurring treatment services. The DAAB strongly believes that continued (or increased funding) is an *absolute necessity* to ensure that systemic and effective treatment remains viable and accessible. As such, we strongly support the San Luis Obispo County's support for the continuation of effective, quality co-occurring disorder treatment.

Background

The San Luis Obispo County Drug and Alcohol Advisory Board (DAAB) is an advisory body responsible for making recommendations to the County Board of Supervisors and Drug and Alcohol Services' administration regarding strategic direction and policy. Members are appointed by the County Board of Supervisors and represent various constituencies in the community

[7] Sciacca and Thompson. (1996). "Program Development and Integrated Treatment Across Systems for Dual Diagnosis: Mental Illness, Drug Addiction And Alcoholism," *Journal of Mental Health Administration*, Vol.23, No.3, pgs. 288-297.